



**Department of Transformation and Shared Services
Office of Personnel Management
Employee Master Data Form**

Employee Name (*Last, First Middle Initial*)

Effective Date

Personnel Number Business Area Personnel Area Organization Unit OU Manager PA Functions

Create Action (IT0000) *Required Field*

Reason for Action Employee Group Employee Subgroup

Position Number Job Title Class Code Pay Grade

Personal Data (IT0002) *(Do not submit by e-mail if including SSN below)*

Gender Nationality Marital Status Birthday SSN

Organizational Assignment (IT0001) *Required Field*

Personnel Sub Area Cost Center Personnel Administrator Name and No. Payroll Administrator Name and No.

Contract Hours Internal Order No Time Administrator Name and No. Benefits Administrator Name and No.

Manager Name Manager Position Number

Monitoring Date Specifications (IT0019)

End of Probation DROP Start Date DROP End Date Pref. Eval. Date

Date Specifications (IT0041)

Original Hire Date Latest Hire Date Career Service Date Opt Out AR Diamond Leave Accrual Date Merit Increase Date

Employee Business Address (IT0006)

Address City State Zip Code Business Number

Employee Personal Address (IT0006)

Address City State Zip Code Business Number

Additional Information (IT0077)

Ethnic Origin Military Status EEO Exempt Disability Disability Date
 Employee Eligible for Medicare

Residential Status (IT0094)

Choose: ID Type Issuing Authority ID Number Date Issued Expiration Date

Work Permit Type Issuing Authority ID Number Date Issued Expiration Date

Planned Working Time (IT0007) *Required Field*

Employee Percentage Work Schedule Rule Time Management Status Working Week Part Time Employee Additional Time I.D.

Basic Pay (IT0008) *Required Field*

Reason Code Reason Name Hourly Rate Annual Salary Wage Type

Residential Tax Area (IT0207)

Residential Tax Area Work Allocation %

Work Tax Area (IT0208)

Tax Authority Worksite (optional)

State Withholding Information (IT0210)

Filing Status Allowances Dependents Additional Withholding Amount State Tax Exempt

Federal Withholding Information (IT0210)

Filing Status Allowances Additional Withholding Amount Federal Tax Exempt Earned Income Credit

Emergency Contact (IT0021)

Name (Last, First, Middle) Relationship Gender Phone Number

Address City State Zip Code

Submitting Office

Contact Person Phone Number

Approvals

Approved Employee Supervisor/Manager Date
 Denied
 Approved Assistant Director or Designee Date
 Denied